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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 7ª DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTS JUANITA ALLENE ATHEY JULY 13. 1981 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) "Tan. 30,1928 Female White BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) Va. USA ALLEGANY COUNTY WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSEWing IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Cumberland SACRED HEART HOSPITOL WOUAL RESIDENCE (IF NURSING HOMEON OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE Va. 13c CITY OF TOWN Mineral 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 315 E. Street NO | YES K 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Buckley Hazel M. Joseph Wageley IN U.S. ARMED FORCES? 17 INFORMANT 60 WAS DECEASED EVER 213-24-6521 Irving T. Athey, 315 E.St., Keyser, W.Va. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b)
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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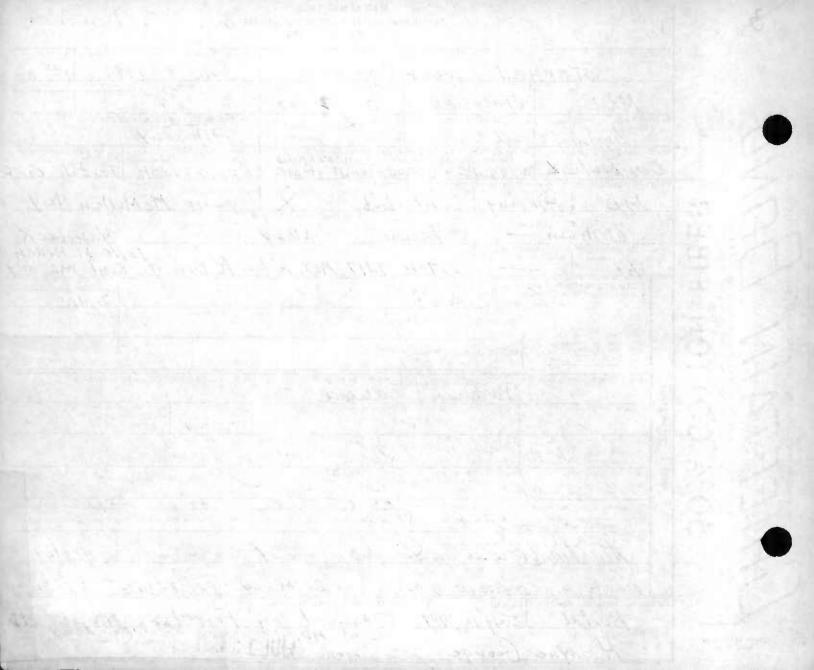
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STATE OF MARYLAND



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should be detached for use as the burial-transit permit. Then please remove corbanages with the State Dept. at Health and Mental Hygiene prior to burial, cremation, or removal.

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IMPORTANT: If Hem 21 is

TO FUNERAL DIRECTOR After this certificate has been signed by

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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LAST	REG. NO.	
		DAY YEAR 26 HOUR
RINE CRAMER	JULY 16, 1981	5.30 Au
5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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AL, NURSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
EART HOSPITAL	House Wife	Own Home
		H111
LAST FIRST	I NAME MIDDLE	LAST
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CIAL SECURITY NO. 17 INFORMANT	ADDRESS	
-42-6726 Luther Cra	amer R. D. 1 Fort	Hill, Fa. 15540
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oth 19, and that in (my) (our) opin	nion death occurred on the date and h	our and from the couses stated
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ATTENDIN	G MEDICAL STAFF	7
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PHYSICIAI 22e ADDRESS	N DIRECTOR PHYSICIAN	7-16-81
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DHMH-16 50M 1/B1 (VRA 15, 4)

FUNERAL DIRECTOR Don J. Newman Grantsville Md.

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250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNAT

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2s. DATE KNOWN ST ITYPE OR PRINTI OF ESTI-RECTOR. R FILES. HOURS July 6,1981 Sadie Mae DEATH MATED Durst 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED April 18.1906 DEAD Female White July 6 1087 76. CITIZEN OF WHAT COUNTRY? TO-BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Md. Allegany WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING SECRETARY OR INDUSTRY 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 8. GIVE PAGES 1, 2, AND 3 TO THE WITH FORM PM 3. RETAIN PAGE 1 AND 2 SHOULD BE FIND DIVISION OF WITH RECORDS. Memorial Hospital Financial XXXXXX Rubber Cumberland USUAL RESIDENCE LIF IN MURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 3e. STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Allegany Md. Cumberl and YES NO S Box#54 Bedford Rd. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST FIRST FIRST Albert Brotemarkle Bertha Kerns 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 16h SOCIAL SECURITY NO Rt.#3 Box 54 [YES, NO, OR UNKNOWN] (IF YES, GIVE WAR OR DATES No 214-05-9832 Mr. Howard W. Durst Cumberland, Md. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D IRIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Coronary Occlusion IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF IN PENCIL IN EXAMINER Canditians, if any, which (b) Arteriosclerotic Heart Disease gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PENDING" MEDICAL DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 196 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD," PAGE 4 SHOULD BE FORWARDED TO THE CHIEF 1 TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, NO (210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY JATHOME 211. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK X. 30 220. I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian death resulted from: Hamicide Undetermined manner Natural causes TITLE (SPECIFY) DATE SIGNED JULY 7.1981 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME ADDRESS Sacred Heart Hosp. Giovanni Mastrangelo, M.D. Cumberland, Md. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE COUNTY STATE July 8.1981 Zion Memorial Park Cumberland Allegany Md Burial BP ADDRESS 404 Decatur St. 24 FUNERAL DIRECTOR **DHMH-17** Silcox-Merritt Fun'l Ser. Cumberland, Md. (VR A15 ME (5))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN X TOUR ((TYPE OR PRINT) OF ESTI-Lois Emerick 4 RACE IF UNDER 24 HRS LAST BIRTHDAY PRONOUNCED DEAD White Dec. 6.1935 45 a . M Female TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED SENEVER MARRIED FOREIGN COUNTRY) DIVORCED Allegany D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Housewife Own home Cumberland Browning UD 2 SHOULD BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 130 STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 11 Browning St. Allegany Cumberland YESTER NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME DIVISION OF VITA MIDDLE FIRST Clifford Ranck Leona Craze 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 7 INFORMANT ADDRESS WITH FO LYES NO OR LINKNOWNS Zane L. Emerick Cumberland. MD 578-46-8265 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH , BURIAL-TRANSIT PERMIT. AND MENTAL HYGIENE, D PART I DEATH WAS CAUSED BY: Coronary Occlusion IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic Heart Disease Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) 3 SHOULD BE USED AS A DEPARTMENT OF HEALTH A - Cardiac Failure -Mitral Valve Prolapse CERTIFICATION 196 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL. YES NO DE 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 2 MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY WHILE AT WORK PAGE 4 SHOUID BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21: 226. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from Notural couses Undetermined monner EXAMINER'S NAME Giovanni Mastrangelo, Man Sacred Heart Hosp. Cumberland 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE BP Burial 1981Hillcrest Burial Cumberland 24. FUNERAL DIRECTOR DHMH - 17 VR A15 ME (5)) William G. Kight Cumberland, MD

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20 DATE OF DEATH 2b. HOUR TYPE OR PRINT ALBERT LEE FRIEND JULY 11.1981 8:00 PM 4 RACE 3 SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR Male White Dec 1914 66 YRS TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY ALLEGANY COUNTY Marvland WIDOWED DIVORCED IL CITY OF TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS INDUSTRY Cumberland SACRED HEART HOSPITAL Retired Employee Tire Co USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13g STATE 136 COUNTY 136 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Allegany LaVale 934 Atlantic Avenue Maryland NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE DeWitt Friend Fannie Jeannette Vestus 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS934 Atlantic Avenue 166 SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR DATES) -03-7694 LaVale, Maryland WWI Mrs. Alice M. Friend Yes 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and IMMEDIATE CAUSE (O Cerebral Semisober Conditions, if any, which gave rise to immediate couse (a, stating the DUE TO, OF AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEDAIN PARL LIG 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY 20b. IF YES, WERE FINDINGS USED & IN CERTIFYING CAUSES OF DEATH? YES NO [21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER MEDIC/ 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM ETC.) NOT WHILE 220.1 certify that (1) (this haspital) oftended the deceased from saw the deceased alive an and that in (my) (our) opinion deoth occurred on the date and have and from the causes stated abave, (1) (we) (did) (did nat) 22b. SIGNATURE DEGREE 221 DATE SIGNED ATTENDING EDICAL

CLARENCE VINCENT, M.D.

909-B SETON DRIVE, CUMBERLAND, MD 21502

LaVale

PHYSICIAN DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL 23h DATE Burial

224 PHYSICIAN'S NAME THE OFFIN

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

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23d LOCATION

entol Hyg

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DHMH - 16 50M 1/81 (VRA 15, 4)

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FUNERAL I

July 14,1981 Rest Lawn Mem Gardens 24 FUNERAL DIRECTOR 404 DECATUR STREET, CUMBERLAND, MD. SILCOX - MERRITT FUNERAL HOME

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DURST FUNE RAL HOME, FROSTBURG, MD 21532

57 FROST AVE..

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2h HOUR

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER LYFAR

COUNTY

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21502

250 DATE REC'D BY REGISTRAR 256 POSTRAR'S SIGNATUR

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DHMH - 16 50M 1/81 (VRA 15, 4)

- STATE

REGISTRAR

24. FUNERAL DIRECTOR

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	-	STATE OF MARYLAND	
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		REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
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PRESTON STREET,	(TYPE		/ 1/2 1/2 1/2
		Charles Albert Gartner DEATH MATED 17	19 T M
3	SEX	4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 24. DATE MONTH DAY YEAR LAST BIRTHDAY) MONTHS AND MONTHS A	DAY YEAR 2d HOUR
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10	O CUT	Y OR TOWN OF DEATH IT, NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 1/20 USUAL OCCUPATOR (TWO OF WORK)	MD.
7	0. 011	Y OR TOWN OF DEATH IT NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH EACHLITY, GIVE STREET, ADDRESS) 126 USUAL OCCUPATION (TYPH OF WORK FOR MOST OF WORKING LIFE)	OR INDUSTRY
\leq		umberland I Sacred Heart Hospitall Disabled LABORER	FACTORY
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11.	3u. J1	To Somerset Sollisbury Yes No 18 Box 338 R.	0 1
- 1	4 FA	THER'S NAME IS MOTHER'S MAIDEN NAME	Αζ,]
7.		FRST AMODIE	2 LAST
4		Charles HEDERICK GATTHET COTAL HIM E	DUTIEF
5 10	6a. VV	AS DECEASED EVER IN U.S. ARMED FORCES? 168. SOCIAL SECURITY NO. WINESPREAMINES CARTNER - ADDRESS RDI.	Box 238
51		NO 1 - 166-24-40191-Info-OFF old Chart Sal	lisbury, Pa 15158
F		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
		PART I DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
		4100 IMMEDIATE CAUSE (a) TOUTE MY SCHR-DIAL INPARCE BIT	11,001.
		Conditions, if any, which	
-	-	gave rise to immediate) (b) OFON ANY ARTSEY ITEMET DISEASE	XILS
		cause (a) stating the <u>under-</u> lying cause last. DUE TO, OR AS A CONSEQUENCE OF	
		(c)	
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0	
	Z		
	CERTIFICATION	190. DATE OF OPERATION TO CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
7	5		ZU AUTOFST!
4	Ē		YES NO
		216 EXTERNAL CAUSE WAS 216 TIME OF INJURY UNDERLYING OR 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PAR	T 2)
3	N N	CONTRIBUTING CAUSE OF DEATH P.M. 19	
3 9 3	MEDICAL	214 INTHIDY OCCUPRED 216 PLACE OF INTHIDY AND ACTION	
	E	WHILE NOT WHILE AT WORK STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COU	JNTY STATE
		220 Leertify that I took charge of the remains described above, held an Autapsy 🔲, Inspection 🖄, Inquiry 🔀, and in my api	inian
		death resulted fram: Natural causes Accident , Suicide , Hamicide . Undetermined manner .	
		TITLE (SPECIFY)	1 /
		ACTUAL DATE	7/13/21
		SIGNATURE M.D. DUP MEDICAL EXAMINER SIGNED	
1		EXAMINER'S NAME Paul Snow ADDRESS Memorial Hospita	1
1			14
23	3c.BU	RIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTRICKS	TY STATE
	1	Surial 17-17-81 SALISBURY CEMETERY SAUSBURY Some	ERSET PA.
2	4 14	NERN DIRECTOR DE L'ANDRESS DE L	GNATURE
	AU.	Lyan Jewman, GRANTSVILLE MD. 106 67 1981 granu for	Marthen
	TY.	The state of the s	5.24.15

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	FOR - STATE			DEPARTMENT		AND MENTA		1 1	7 () 2	3
	REGISTRAR DECEASED NAA			MIDOLE TO		LAST	20. D	REG. NO ATE KNOWN D OF ESTI-	MONTH D	DAY YEAR	Zb. HOUR
	SEX Female	Elea:	5. DATE OF BIRTH MONTH OAY Aug. 18,	YEAR LAST	(IN YEARS IF UN	Ighan IDER I YR. IF UN	DER 24 HRS. 2c.	DATE NOUNCED DE AD	7-2 MONTH 0	22 19 81 DAY YEAR 22 19 81	7A M 2d. HOUR 8A M
35	BIRTHPLACE (FOREIGN COUNTRY Maryla	nd	76. CITIZEN OF W	HAT COUNTRY?	8. MARR WIDOW		DRCED	Allegai	ny	OF DEATH	MD.
0	Frostb	urg	11. NAME OF HO	SPITAL, NURSING ACILITY, GIVE STREET ADI	et	er Institution		CCUPATION (TYPE WORKINGLIEF)	E OF WORK 12h	OR INDUSTR	me
5	Maryla I. FATHER'S NAM	nd Al		13c. CITY OR TO	burg	13d INSIDE CITY LIMIT		Pine :	Street	,	
0	Edw		MIDOLE	Bevan	CURITY NO	15. MOTHER'S M. FIRST MATE 17. INFORMANT	garet	ADDRESS	Ander	son	
	(YES, NO, OR UNKN	(IF YES, GIVI	WAR OR DATES)	216-80	-1143		lward Ga			burg,	
	gave couse (c lying co	ons, if ony, which rise to immediate a) stating the <u>under</u> buse lost.	(b)	R AS A CONSEQUE	nce of rial I	nfection					
Servi	19a. DATE C	FOPERATION	19b. COND	ITION FOR WHICH	OPERATION W	AS PERFORMED?			2	20 AUTOPSY?	NO T
3	CONTRIBUT	AL CAUSE WAS GOR ING CAUSE OF	DEATH P.A	A. MONTH DAY A.	YEAR 19	OW INJURY OCCU	IRRED (ENTER NATUR	E OF INJURY IN ITEM 38	PART 1 OR PART 2)		
	21d INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK		OF INJURY (AT HO TORY, FARM, ETC.)		CATION		ORTOWN	COUNTY	r	STATE
	22a I cer death resu ACTUAL SIGNATURE	Ited fram: Not	ge of the remains de tral couses X.	scribed obove, held Accident ,	Suicide	y , Inspe , Homicide TITLE (SPECIFY	Undetermin		DATE	7-22	-81
The second secon	EXAMINER'	INT)Gi		astranc		ADDRESS SAC	red Hea	rt Hos	oital,	Cumb	. Md
	30. BURIAL, CREM. (SPECIFY) Buri 4. FUNERAL DIRE		7-24-81			r CREMATORY Iem. Par 256. DA	PROSE	tburg,	Alleg	sany,	Md.
5))	NAME		al Home	Frost	urg, M	1: 03.00	L 3 1 198	Remi		Varthe	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR ELIZABETH G RABENSTEIN JULY 31 1981 4. RACE 5. DATE OF BIRTH 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR

		Female		White		March 21, 1912 69 VRS							
p. al		RTHPLACE (STATE OR FO	DREIGN 7	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	BALTIMORE CITY O	RCOUNTY	F DEATH			
þ	4.0	aryland		USA		WIDOWE		ALLEG AN'	Y COUL	YTV	MD.		
Ä	10 CI	TY OR TOWN OF DEA	TH 1		HOSPITAL, NURSIN			120 USUAL OCCUPATI		126 KIND OF	BUSINESSOR		
Z	Cu	mberland			RED HEA		OSPITAL	Housewife	WORKING (IFE)	Home			
,	USUA 13a. S	AL RESIDENCE (IF NURSI	NG HOME OR O		GIVE RESIDENCE BEFORE		A 124 IN ISING CITY LIMITOR						
5	MD		Alle		Cumber		YES NO A	Rt. 4, Bo	x 8 01	dtown	Road		
1	14_FA	THER'S NAME	AAI	DDLE	LAST		15 MOTHER'S MAIDEN NAM			LAST			
0	Ge	orge S. Be:					Minnie M. I	Peterman		(43)			
		VAS DECEASED EVER I		ED FORCES?	166 SOCIAL SECL	RITY NO.	17 INFORMANT	ADDRE			1,100		
H	N		(IF TES GIVE	WAR OR DATES	220 10 2	2545	Raphel H. G	rabenstein	Cumbe	erland,	MD		
		18 CAUSE OF DEATH			line lar (a), (b), an	d ret	1		0 -	APPROXIM BETWEEN OF	NATE INTERVAL NSET AND DEATH		
		PART I. DEATH WA	AS CAUSED IMMEDIATE		11 1 be	real	(leun's are	th reuse	beelen	22			
		1629		DUE TO O	R AS A CONSCOUL	ENCE OF	0	10 0					
		Conditions, if ony,	which	((b)	Molal	to hi	T (0 H	the les	uls				
H		gave rise to imm cause 101, stating		DUE TO O	R AS A CONSEQUE	NCE OF	0		7				
h		underlying cause	last	(6)	A3 A CON32001	LIVEL OI							
ä		PART 2 OTHER SIGN	IFICANT CO	NDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CONI	DITION GIVEN	V IN PART 1(a			
	CERTIFICATION												
1	CAT	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING			
	TIF							YES NO	YES		NO [
1		21a. ACCIDENT WAS UNDE		21b. TIME O	FINJURY M. MONTH DA	AY YEAR	21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T I OR PART 2)			
	CAL	OR CONTRIBUTING C		P./		19							
ħ	MEDICAL	21d. INJURY OCCURRI	ED	21e PLACE	OF INJURY		211 LOCATION	CITY OR TO	A/N	COUNTY	STATE		
H	2	AT WORK AT WOR	LE .	(AI HOME, SIR	EET, FACTORY, OFFICE, F	ARM EIC)	SINCE	CIII OK 10		-9	31.816		
d		220 1 certify that (1) (this hospito	I) ottended the		7-	77 1981			8/. 11	nat (I) (we) last		
	Min.	sow the deceased above, (1) (we) ide		view the hady	ofter death	, or	nd that in (my) (our) apinion de	eath occurred on the do	ite and hour o	and from the co	ouses stated		
		778 SIGNATURE	1	\ ,	//		DEGREE	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		22c DATES	IGNED /		
			1	1126	allu	a	M-D. ATTENDING D	DIRECTOR PHYSIC	F IAN []	17-3	1-01		
		THE PHYSICIAN SNA	ME//IIII Ca	weiti			??e ADDRESS			2	1502		
		JOHN MEH	ANNA	MID			1909-B SETON	U DRIVE,	CUMBE	RLAND	MD		
		URIAL, CREMATION, R	REMOVAL	236 DATE			EMETERY OR CREMATORY	23d LOCATION		L'OUNTY	a see STATE		
		Burial		8-3-81	S	t. Mai	ry's Cem.	Cumberla	nd All	Legany	MD STATE		

Tame Out

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24 FUNERAL DIRECTOR

ADDRESS CUMBE RL AN D, M D 30 DATE REC'D.

SCARPELLI FUNERAL HOME, 108 VIRGINIA AVE. AUG 5

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

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JOHN PERMINA, M.H. 1908-R SETCH BIVE, OBSERLAND, ND

Downson 1-3-21

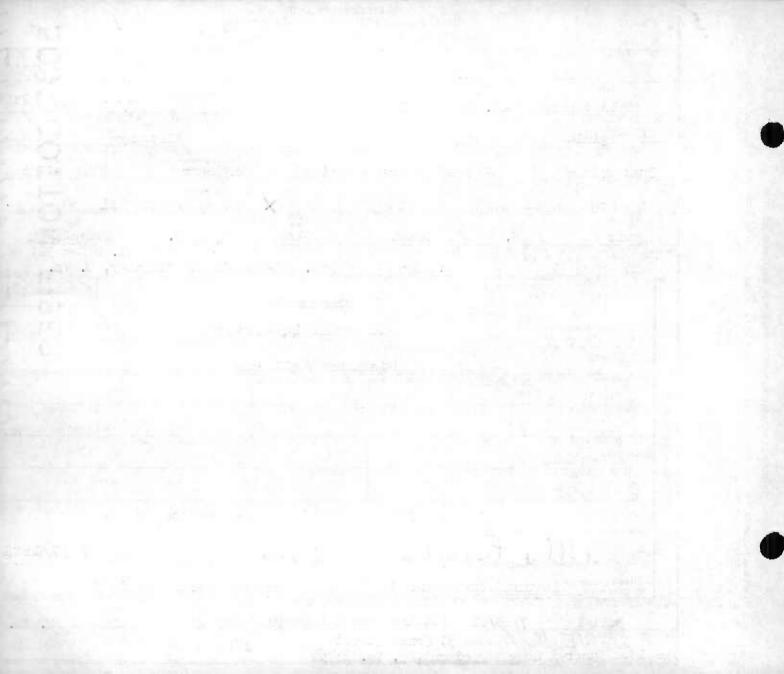
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SCARRELLI FUNETAL HOME, 108 VINCINIA AVE. AUDD RUL CENERAL CO

2-16/11	61	DEPARTMENT OF HEALTH AND MENTAL HYGIENE								1 "	1 13	.,	-			
Burn	1	1-	STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH										U	Geo	2
11.11.11967		-	REGISTRAR CEASED NAME FIRS	Y	ME	MIDDLE	EXAMIN	EK 2 C	IAST	IE OF DE		REG.				-
10000			OR PRINT)			WIDDLE			LAST		2a. DATE OF	EOII.		TH DAY	YEAR	12:2
ESES SA			Louis		E			Gre			-	MATED	□ 7	/17	1981	Рм
A CAR		3 SEX	4 RACE		OATE OF BIRTH	YEAR	6 AGE (IN YE.		DER 1 YR. IF U	URS MIN.	PRONOU	NCED	MON	H DAY	YEAR	2d HOUR
23552	-		Male Whit		Nov. 1		73 YF	S.			DEAL		7/	17	181	12:0
NATES	61/1	7a. BI	RTHPLACE (STATE OR REIGN COUNTRY)	7b.	CITIZEN OF W	HAT COUN	ITRY?	8. MARR	ED TO NEVER	MARRIED [9 BALTIA	AORE CIT	Y OR COL	JNTY OF	DEATH	P
克莱岛		We	st Virginia		US	A		WIDOW	ED DI	NORCED		Alle	egany			MD.
AY IS NAME THE PROPERTY OF THE	1-		Y OR TOWN OF DEATH	- 11.	NAME OF HO	SPITAL, NU	RSING HOME	, OR OTH	ER INSTITUTION	120. U	SUAL OCCU	PATION		RK 126 K	IND OF BU	
DELAY IS 3 TO THE IN PAGE 3 SE FILE 3 SE, 201	2		Cumberland		Sac	red	Heart		pital		ginee					lroad
ORIGORE OF	0	USUA 13a. Si	L RESIDENCE (IF IN NURSING H	OWNE OR OT	HER INSTITUTION, G		OR TOWN	ON)	13d. INSIDE CITY LIA	MITS? . 13e ST	REET ADDR	ESS				
21201 AND 3 AND 3 PETAI HOULD	X	We	st Virginia	Mi	neral		dgley			R			ox 3	21		
MD. MD. 1, 2, M 3.			THER'S NAME		DDIE		LAST		15. MOTHER'S /	MAIDEN NAM	\E	AIDDIE			LAST	
ES 1 ES 1	24		Lewis	WI	S.	(reen		Ola			E.		Faze	enbak	er
A PAGE	-	16a V	AS DECEASED EVER IN U.S	ARMED	FORCES?		CIAL SECURIT	NO.	17 INFORMAN	T			ESS Rt.		Box 3	
BALTIMORE, MD. 21201 JRS AFTER DEATH. IF ANY DELA B. GIVE PAGES 1, 2, AND 3 TO WITH FORM PM 3. REFAIN P T. PAGES 1 AND 2 SHOULD BEI DIVJSION OF VITAL RECORDS,	3	(4)	S, NO, OR UNKNOWN) (IF YES,	GIVE WAR	OR DATES)	216	-07-2	202	Mrs. Ro	oberta	Green		lgele:			
201 W. PRESTON ST., BAN UTED WITHIN 24 HOURS A IN PENCIL IN ITEM 18. GIV SIAL-TRANSIT PERMIT. PAC SIAL-TRANSIT PERMIT. PAC O MENTAL HYGIENE, DIVJS			18 CAUSE OF DEATH (Ente	er anly or	ne couse per line			302					00	1	APPROXIMATI	EINTERVAL
NE, NE,	ا نہ		PART I DEATH WAS CA	USED BY		, , , , , ,	,, and (c).)	7		2 -				BET	WEEN ONSE	T AND DEATH
NO 12 PER	N N		11419 IMME	DIATE C	AUSE (a)	AS A COL	NSEQUENCE (neumon	ıla						
PRESTON THIN 24 H SIL IN ITEM LER ALON ANSIT PER AL HYGIEN	EM		Canditions, if any, w	hich					ial In	fecti	on					
WIT WITH IN THE INTERIOR INT	8		gave rise to immed		(b)	AS A COL	SEQUENCE (10001	011			-		
201 W UTED IN PE EXAM	ž		lying cause last.	idei-	DOE TO, OR	AS A COR										
RDS, 201 1 EXECUTED NG" IN PI CAL EXAV BURIAL-	5		BLAT A GTIVE CLERKE CANADA		(c)				es Mel							
AL RECORDS, 201 W VUID BE EXECUTED V "PENDING" IN PER FE MEDICAL EXAM EXAM FE AS A BURRAL- I HEALTH AND MEN	SEMA	N	PART 2 OTHER SIGNIFICANT CONDI	TIONS COM	KIBULING TO DEALM	BUI NUI KEL	LIED TO THE TERM	INAL DISEAS	E OR CONDITION GIVE	EN IN PART 1 (a).						
PEN ME	5	CERTIFICATION	190. DATE OF OPERATION		19b COND	TION FOR	WHICH OPER	ATION W	AS PERFORMED)?				20	AUTOPSY	?
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F VITA F VITA F VITA F VITA F SHO WORD WORD S BE US ENT OF	BUR	ERT	21g EXTERNAL CAUSE WA	.5	21b. TIME O	FINJURY		71c H0	OW INJURY OCC	CURRED (ENTE	R NATURE OF IN	HURY IN ITEM	A 18 PART 1 O	-	IE2	NOXX
IVISION OF TORRIFICATE TITING THE W DED TO THE 3 SHOULD B DEPARTMEN	PRIOR TO		UNDERLYING OR		HOUR A.A	A. MONTH	DAY YEAR			COMILED (SING						
ISIOI RETIFI ING T S SHO EP AR	ON THE	MEDICAL	CONTRIBUTING CAUSE 216 INJURY OCCURRED		TH P.A		19 (ATHOME	211 10	CATION							
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD " RES 35 SHOULD BE USEE E DEPARTMENT OF 1	2	ME	WHILE NOT WHILE AT WORK			TORY, FARM, I			TREET		CITY OR TO	NWN		COUNTY		STATE
DIVISION OF VITAL I BER: THIS CERTIFICATE SHOUL CATE, WRITING THE WORD "I FOR PAGES 35 HOULD BE USEE HE STATE DEPARTMENT OF HE	2130		AT WORK AT WORK													
ATE. ORV.	9		22a I certify that I took o	harge af	the remains de	scribed ab	ave, held an	Autop	sy 🔲, Ins	spectran XX	Inquiry	хx	and in my	y apinian		
MAN MAN	3		death resulted fram:	Natural c	auses 🙀,	Accident	, Su	cide 🔲	, Hamicide	Und	etermined m	anner [],			
WIT	AR.		010	1	4				TITLE (SPECI	IFY)				-	/177	/1 001
AL PAINT	E, &	-	ACTUAL SIGNATURE	X Q	Day Kr	lyl	<u>~</u> 0	M	D. DEPL	ME ME	DICAL EXA	MINER	DA SK	TE /	/1//	/1981
SEA SET OF	8	-		-												
FE PROPERTY.	3		EXAMINER'S NAME GI	ova	nni Ma	stra	ngelo		ADDRESS S	acred	Hear	t He	ospi	tal		
DIVIS TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PORGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 32 AFTER DEATH, WITH THE STATE DEP	BA	23a.8	JRIAL, CREMATION, REMOV					AETERY C	R CREMATORY	234.	OCATION		-	COUNTY		TATE
₩ BP		(5	Burial	7	/20/81	Por	tomac M	emor	ial Gard	dens	evser		_36	inera	1 W	. Va.
Jeh		24 FI	INERAL DIRECTOR,	10-1			Tones S		+ 25a.	DATE REC'D	Y REGISTR	AR 25b R	EGISTRAR	SSIGNA	URE	577
DHMH - 17 (VR A 15 ME (5		Dr.C	dlock Funeral	HOT			t. W. V		6760	70	L 4 9	1301	21.00	0	-	September 1
15442/90			ALOUE PULLUECE	- 1101	no III	- TOUR	V V	CLO C	0100							



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STATE OF MARYLAND

- 4 Test toach withour of proptours Committee 1 Lorence Michigania Co. I sudszon! whapaffa beature 35. 3, Los 365 ion . . . 2 215-1 -47250 low. Derig Herary, Landborr, 16. 21572 destinate let a summer of the being to acco 12 21-50 THE STATE OF THE STATE OF THE STATE OF THE PARTY OF THE P Derial July 7, 1981 Lekhart Cemetery Sedam's, Allerany, Ma. Towns I was the end for the street of the stage

	1-	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MEP ICATE OF DEA	NTAL HYGIE	NE 8 1	- 1	70	2 8
	1. DE	EASED NAME	FIRST		WIGDIE		12A		REG. NO		AY YEAR	2b HOUR
0	(TYPE	OR PRINT)	UTH	DE/	ORE I	HANLIN	J		JULY 10, 1			9:05
	3 SE		O I I I	4 RACE		5. DATE C	OF BIRTH	6	AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 H
		FEMALE			HITE	MAY	13 19	913	66	YRS	ONTHS DATS	HOURS M
35		CTHPLACE (STATEO	WVA.	U	OF WHAT COUNTRY?	MARRIE		RCED	BALTIMORE CITY O	ECOUNTY CO		
	ZUM	BERLAND	/	. SAC	OF HOSPITAL, NURSIN SUCH FACILITY, GIVE STREET RED HEART	HOSPIT		I MOITL	20 USUAL OCCUPATION OF WORK FOR MOST OF WIFE		12b. KIND C INDUSTRY	F BUSINESS
85	illa S	WVA.	MINE	NITW	IN GIVE RESIDENCE SEFOR		13d INSIDE CITY	LIMITS?	RT. 2			
29	.4. FA	SAMUEL		MIDDLE	WILT LAST		15 MOTHER'S MA	AIDEN NAME	WIDOLE	E	ERS GA	VERT
3	16a V	AS DECEASED EVE	R IN U.S. A	RMED FORCES	234 14		MARY AG		ARNELL KE	ss (SER, W	v.	
ony injury, or after fr	CERTIFICATION	gove rise to in couse (a), stat underlying cause	e last.	(c).	, or as a conseque	DEATH BUT			AL DISEASE OR CONI	20b. IF YES,	WERE FINDI	NGS USED
2000	ERTIFIC	21a. ACCIDENT WAS U	NOERLYING [8 21h TIME	E OF INJURY	272	1216 HOW IN IUR	SA OCCIIBBEI	YES NO.	IN CERTIFY YES	ING CAUSES	OF DEATH?
9	MEDICAL C	OR CONTRIBUTING	CAUSE OF DE	ATH HOUR	A.M. MONTH DA	AY YEAR	110101111111111111111111111111111111111	VI OCCORNE	O (ENIÈN NATURE OF INJUR	Y IN HEM IS PAI	RI I OR PARI 2]	
5	MED	216 INJURY OCCUI	RRED	21e PLAC	STREET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION		City Cit 10	~ /	COUNTY	STATE
		220.1 certify that	this hasp	7	the deceased fram		d that in mil (au)	19 8 /	to	makerow		thot@ (we)
E		above, / j/(we)	(did) (did n	at Miew the bø	By after deeth.	. (DEGREE	NDINO.	MEDICAL STAP	,	27t DATE	
		FRED MILT			M.D.	1	122 S.	CENTER	STREET, C	UMBE RL	AND ME	21502
	23a B	URIAL, CREMATION				NAME OF C	EMETERY OR CREA	MATORY	3d. LOCATION		COUNTY	STATE
31	24 FU	BURIAL DURANT	// //LE INÉRAL	7/12/ HOME:		H STR	MENORIAL EET 0 21562	GARDE JUL 2		MINE	To all the	WV.

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	2 .19 20		SECTION.	ALC: NICH	. 177
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austa un da	S. CENTED STORES.			1/5	

	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.										0	2	9			
	1. DE	EASED NAME	FIRST		MI	DOLE		LAST				KNOWN		TH GAY	YEAR	26. 40чи
	{TYP	E OR PRINT)	ROSA	LIE	1	AIOIA	1	HARDI	VGER		OF DEATH	MATED	□ JU	IY 1	319 81	9:30
050511	3 SEX	4. RAC	E	5. DATE OF B	BIRTH			UNDER I Y	11 01 0		20 DATE	NCED	JULY		81	2d HOUR
)		EMALE WHIT	VE.		12 10	903	78 YRS.	341	3 110013		DEAD				19	LOAM
6	70. BI	RTHPLACE (STATE OR REIGN COUNTRY)			OF WHAT	COUNTRY?			NEVER MARR	IED 🔲	9. BALTIN	AORE CIT	Y OR COL	JNTY OF	DEATH	
일	10 CI	PA . TY OR TOWN OF DEA	LTU.		SA	AL NILIDCINI	WID G HOME, OR C	OWED INC	196		ALI AL OCCU	EGAN	Y	1126 K	IND OF BU	MD.
0	C	UMBERLAND		10	MARIO	N STR	DDRESS)	JIHER INST	IIION		AOST OF WO			RK 112W. O	R INDUST	
1	USU A 130. S	L RESIDENCE (IF IN NU	ISING HOME OF			SIDENCE BEFOR		13d. INS	IDE CITY LIMITS?	13e STRE	ET ADDRE	ESS				
2		RYLAND	ALLE	GANY		CUMBER	LAND	YES	NO [10	MAR C	TON	SYVENDIO	T		
1	14. FA	THER'S NAME		MIDDLE		LAST		15. MC	THER'S MAID	ENNAME	A	AIDDLE			LAST	
1	14. 1	LEWIS	Infance and			CEEFER	F.C.I.D.ITY . I.C.	12 tyle	NELI	IE		ADDD		P	ECK	
П	16a. V	VAS DECEASED EVER	(IF YES, GIVE W	VAR OR GATES)	11		ECURITY NO.		ORMANT		3	ADDR		271		
		NO					8-9391	J.	AMES HA	RD INC	ER J	R 61	HI 6		PPROXIMATI	MRERI
		18 CAUSE OF DEAT PART I DEATH W	AS CAUSED	BY:										BET	WEEN ONSE	T AND DEATH
		うちかり	IMMEDIATE	CAUSE (o)		DTAC A CONSEQU	ARRHYTH	MTA			130			IA.		
	A	Canditions, if		1				HEAR	T DISE	ASE						
2		gave rise to cause (a) stating		(b)_	_	A CONSEQI		THE PARTY	T DIME	1010			4			
		lying cause last.		10			MELLIT	US								
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	23e. B	URIAL, CREMATION, R	REMOVAL 23	b. DATE		23t. NAME	OF CEMETER	Y OR CREM	ATORY	23d. LO	CATION			OUNTY		ATE
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STATE REGISTRAR			DEPARTMENT OF HI	OF MARYLAND	TAL HYGIENE	1 1	70:	30
		ME	DICAL EXAMINE	R'S CERTIFICA	TE OF DEATH	REG. N	0.	
1. DECEASED NAME (TYPE OR PRINT)	FIRST		WIDDLE	LAST	2a. I	OF ESTI-	MONTH DAY Y	EAR 26 HOUR
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	4 RACE	5. DATE OF BIRTH MONTH DAY	YEAR LAST BIRTHDAY)		JNDER 24 HRS. 2c.	DATE	MONTH DAY	YEAR 2d HOUR
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Marylan	Id 136 COUNT	orotherinstitution, Gi ITY Legany	13c. CITY OR TOWN Frostbur	13d. INSIDE CITY L	MITS? 13e STREET	ADDRESS 7 Hill	St.	
14. FATHER'S NAME		MIDDLE	LAST	15 MOTHER'S	MAIDEN NAME	WIDDLE	LAST	
Andr			Hargosh		therine		Pavlick	2
160 WAS DECEASED (YES, NO, OR UNKNOV	WN) (IF YES, GIVE	WAR OR DATES)	166 SOCIAL SECURITY N			ADDRES:		
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10	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEG NO	001
	1 DE	REG. NO.	H DAY YEAR 25 HOLLR
2000		PECEASED NAME FRST MIDDLE LAST LAST LAST OF ESTI- DEATH MATED STE	1
95228	3. SE	EX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MONTH LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	DAY YEAR 2d. HOUR
(N.ME)		12 12 13 67 YRS. DEAD JULI	1 271981 7PM
A SECOND	7a B	BIRTHPLACE (STATE OR FOREIGN COUNTRY? B. MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTRY?	NTY OF DEATH
※三川 ※ ド	10.0	MAKYLAND USA WIDOWED DIVORCED NA PLAEGAN CITY OR TOWN OF DEATH III NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION TIZE USUAL OCCUPATION (TYPE OF WOR	Y COUNTY MD.
ELAY IS TO THE F PAGE BE FILED	C	CUMBERLAND ("FOOTING SUCHEACHITY GIVE STREET ADDRESS) MEMORIAL FOR MOST OF WORKING (IFE)	R 126. KIND OF BUSINESS OR INDUSTRY
F ANY DELAY I F ANY DELAY I AND 3 TO THE RETAIN DE PIGE MOULD BE PIGE INCORDS, 201	13a. S	UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136. CQUNTY 136. CITY OR TOWN 136. LITY OR TOWN 136. LITY LIMITS? 136. STREET ADDRESS NO D FENEVAL Deli	'very
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BALTIA S AFTEI GIVE P ITH FO PAGES WISION		withon 1978-24-4033 Chart. Memorial He	ospita l
	108	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON TEN TEN ON THE TEN	333	14/10 IMMEDIATE CAUSE (0) PROBABLY MYOCANDIAN FUNCTION AND TO	
HIN HIN HEST		Conditions, if ony, which	
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CUTED IN PRINCIPLE EXAMINED WE MEINT		lying couse last. (c) in Diabetic background	
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SE S	7	SIGNATURE M.D. LEGAL EXAMINER SIG	NED 2 2
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9 DHMH-17	24	Takoma Funeral Home. 130 PAJE REC'D BY REGISTRAR PAREGISTAR	SSIGNATURE
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130	STATE	land Al	or other institution, GN ITY 1eg	13c. CITY OR TOWN	4	13d. INSIDE CIT YES 🔯	NO 🗆	TREET ADDRESS		.Box	× 5	
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X	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENS MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 1. DECEASED NAME FIRST MIDDLE LAST 70. DATE KNOWN M.										1 7	0	3	4		
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHO EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CH TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURI	W	22a I cert death resul ACTUAL SIGNATURE	WHILE AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY OR TOWN COUNTY WORK AT WORK The I certify that I tack charge of the remains described above, held an Autopsy Inspection Inquiry Inquiry and in my april death resulted from: Natural causes Accident, Suicide, Hamicide Undetermined manner ACTUAL SIGNATURE TITLE (SPECIFY) SIGNATURE MEDICAL EXAMINER DATE SIGNED Deputy MEDICAL EXAMINER SIGNED ADDRESS Sacred Heart Hospital											/16/83	STATE	
BP	B	urial			,1981	Cooks	Mill:	s Ceme	etery	Hyn					l Co.st	Pa.
DHMH-17 (VR A15 ME (5)) 15M 2/80	-	Burial July 18,1981 Cooks Mills Cemetery Hyndman RD#1 Be 124 FUNERAL DIRECTOR ADDRESS Harvey H. Zeigler, Hyndman, Pa. 15545													12.00	`

STATE OF MARYLAND

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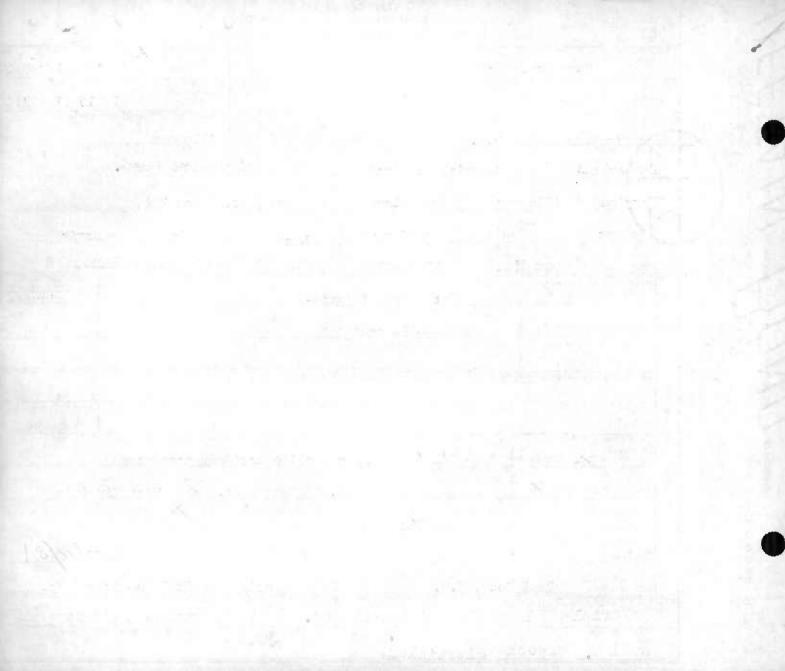
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the		1-	STATE REGISTRAR							CERTIFI		OF DEA	TH	REG	NO.	()	0	0
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OREC ORE OUR P		MA		WHITE	FEB	OAY	YEAR	LAST BIRTH			HOURS	MIN.	PRONOU DE A	NCED	July	4 2	7, 81	3 P M
S NECESSARY, PLEASE FUNCKAL DIRECTOR. E. S. FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESION STREET.	35	7a. BIF	RTHPLACE (STAREIGN COUNTRY)	TE OR		EN OF WH			Ta.	RIED NI	EVER MARR	IED XX		MORE CIT	Y OR COU	NTY OF I		MD
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3	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 7 7 0 3 7 CERTIFICATE OF DEATH REG. NO.							
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oy be oge 3 deoth	DELIA	Louise MAF	RTIN	JUNE 26, 1981 3:54A					
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20. DATE KNOWN MONTH 7h HOW (TYPE OR PRINT) ESTI-Gary Wayne McClung 15 1981 23:20 DEATH MATED DATE OF BIRTH 2d. HOUR 3 SEX 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Male Cauc 9 40 15,81 23:20 41 DEAD To BIRTHPLACE (STATE OR 16. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED - NEVER MARRIED FOREIGN COUNTRY! DIVORCED Allegany West Virginia
B CITY OR TOWN OF DEATH 126 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS IT. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) Microdyne Cumberland Memorial Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY T3d. INSIDE CITY LIMITS? 13e STATE 13c. CITY OR TOWN 13e. STREET ADDRESS Allegany Maryland Cumberland Rt. 6 Box 204 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Mc Clung Robert Paul Davis Edna Tég. WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO. Penny Mc Clung Cumberland, Md Viet Nam 212-38-7139 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) HIEF MEDICAL EXAMINER ALDNE WILL USED AS A BURIAL - TRANSIT HEMIT OF HEALTH AND MENTAL HY GIBNE, D IRIAL, CREMATION, OR REMOVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Mulptle head injuries 20 minutes IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which Automobile accident gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD," PAGE 4 SHOULD BE FORWARDED TO THE CHIEF 1 TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEARTH WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES 🔲 NO T 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY TIC HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 23:00 7/15/ CONTRIBUTING PICAUSE OF DEATH 1981 Automobile accident-passanger 71e PLACE OF INJURY LATHOME. If LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) NOT WHILE AT WORK AT WORK 28 South, Ft. Ashby West Virginia Highway 22a I certify that I taak charge of the remains described above, held an Autopsy death resulted fram: Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Memorial Hospital Cumberland Md. Paul Snow, M.D. (TYPE OR PRINT) ADDRESS_ 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE Hillcrest Cem. 250. DALLEC DE PREGISTRAR 250 PEGISTRAR SIGNATURE 24 FUNERAL DIRECTOR Md **DHMH-17** Burdock (VR A15 ME (5)) 15M 2/80



	FOR STATE REGISTRAR	DEP	STATE OF MARYLAN ARTMENT OF HEALTH AND ME CERTIFICATE OF DEA	NTAL HYGIENE 8	170	3 9
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ovol.	No	only one cause per line far (1). (b)	andis	C. McDaniel,Cu	umberland	MO
y, or other troumotic eve	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONS (c) TOONDITIONS CONTRIBUTING	EQUENCE OF	D THE TERMINAL DISEASE OR CON	DITION GIVEN IN PART 110	
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	OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	21f. LOCATION	CITY OR TOW	N COUNTY	STATE
m 21 is mork	saw the deceased alive abave, (1) (we) (did) (did	spital) attended the deceased fron not) view the body ofter death.	19 8/ , and that in (avy) (or	19 to	te and hour and from the co	
NT. # he	276 SIGNATURE Study 278. PHYSICIAN'S NAME (TY)	A Pallier	DEGREE ATT PH 22e ADDRESS	ENDING MEDICAL STAF	IAN	
MPORTANT: II	DR. A.S. NA	THAN		MEMORIAL HOSPITA CUMBERLAND, MARY		DG.
2	30. BURIAL, CREMATION, REMOV SPECIFY Burial	July 14,81	13c NAME OF CEMETERY OR CRE Hillcrest Bu	23d LOCATION CITY OF TOWN	and, Allegan	y Md.
6	FUNERAL DIRECTOR Kight Funera	al Home, Cumb	erland, Md.	JUL 1 7 1981	Time Signar	er Chan

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	1	li	STATE OF MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PEGISTRAP MEDICAL EXAMINER'S CERTIFICATE OF DEATH									def	0				
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6	1-	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO.													
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STON ST., BALTIMORE, MD. 212 124 HOURS AFTER DEATH. IF AN 11EM 18. GIVE PAGES 1, 2, AN 11EM 18. GIVE PAGES 1, 2, AN 17 FERMIT. PAGES 1 AND 2 SHO 17 FERMIT. PAGES 1 AND 2 SHO 17 FERMIT. PAGES 1 AND 2 SHO 17 FERMIT. PAGES 1		14. FATHER'S NA	ME	MIDDLE	LA	AST	15.	MOTHER'S A	AAIDEN NAM	MIDDLE		LAST	
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ST.	TO MEDICAL EXAMNER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 31 OT HE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE FORWARDED TO THE CHIEF MEDICAL TO THE WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W BEST ARTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W BEST AND ARTER DEATH. WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W BEST AND ARTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W BEST AND ARTER DEATH. WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W BEST AND ARTER DEATH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W BEST AND ARTER DEATH AND WENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W BEST AND ARTER DEATH AND WENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W BEST AND ARTER DEATH AND WENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W BEST AND ARTER DEATH AND WENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W BEST AND ARTER DEATH AND WENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W BEST AND ARTER DEATH AND WENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W BEST AND ARTER DEATH AND WENTAL HYGIENE, DIVISION OF VITAL RECORDS.	PART	DEATH WAS CAUS	inly ane cause per line ED BY:	e for (a), (b), (ond (c).)	al In	farcti	on			BETWEEN ONSET AND DE	ATH
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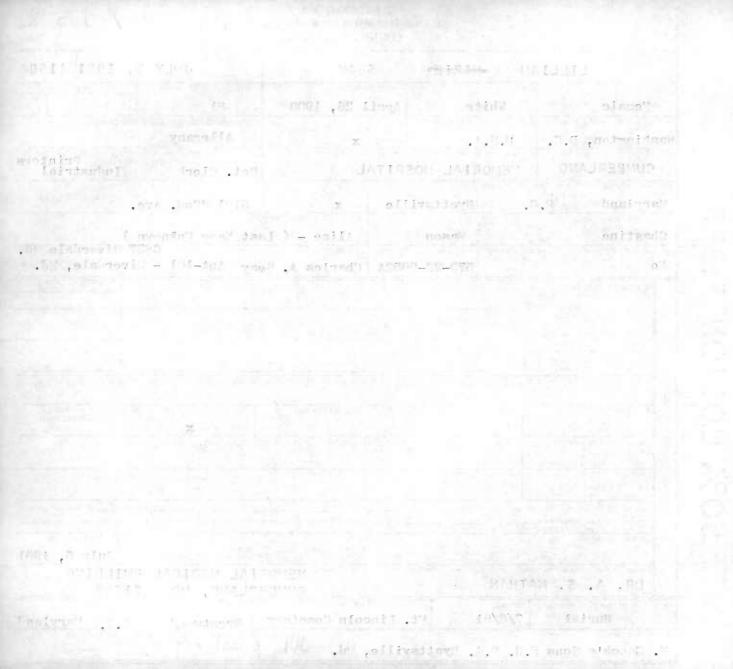
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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5	FOR STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8	REG. NO	17
	1. DECEASED NAME	FIR51	WIDDLE	LAST	20 DATE O		H OAY
	[TYPE OR PRINT)	Dorothy	Mertie	Smith	July	25, 198	31
(MAT	3 SEX	4 RA	CE	5. DATE OF BIRTH	6. AGE (IN	YEARS LAST BIRTHDAY)	
Cial	female		white	08 06 1904	76		MONIH

:30 pm PIVEAR IF LINDER 24 MO O. BIRTHPLACE ISTALE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Marvland WIDOWED Allegany DIVORCED Q CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LIYPE OF WORK FOR MOST OF WORKING LIFE Sacred Heart Hospital Cumber land Housekeener-USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Allegany Cumberland YES [Rt. #2-01d Hancock Rd Marvland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE William Yeager D Marv Gross 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT RFD #1 -Box 91 (YES, NO OR UNKNOWN) No 213-74-6882 Rev. Alan D. Smith Alum Bank, Pa 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF di seeme underlying couse CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21a. ACCIDENT WAS UNDERLYING 216 TIME OF IN ILLRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION LAT HOME STREET, FACTORY, OFFICE, FARM, ETC) CITY OF TOWN COUNTY STATE NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from. sow the deceased alive of and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (f) (we) (did) (did/last) view the body after death

DEGREE

2b HOUR

22c DATE SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be deto O FUNERAL MPORTANT: 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION July 28/81 BP Pleasant Grove Cem Cumberland Allegany, Maryland Burial 250 DATE REC DOYCEGISTRAPES DE REC STRAPES SENSATURE. 24 FUNERAL DIRECTOR 404 Decatur St DHMH - 16 50M 1/81 (VRA 15, 4) Silcox-Merritt Funeral Service.Cumberland, Md

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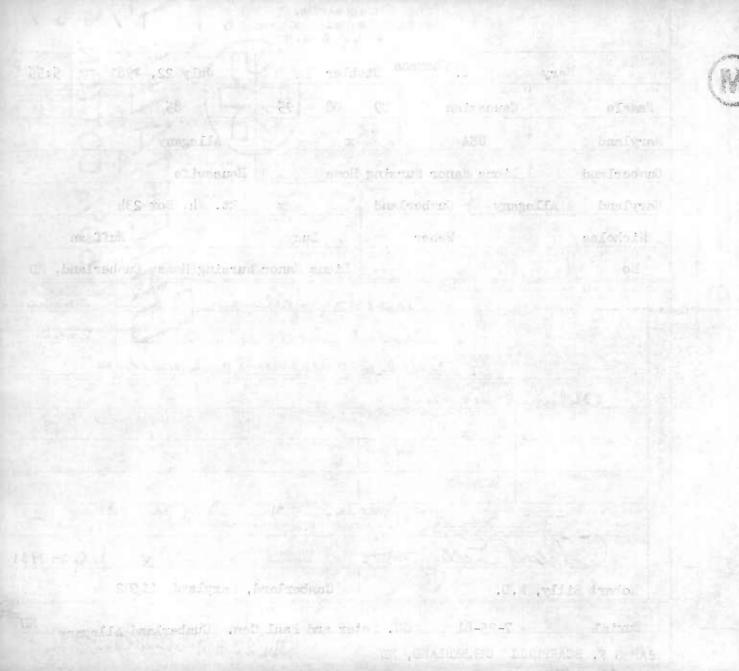
Rt. #4, Box 234 Huffman Lions Manor Nursing Home, Cumberland, MD 2 weeks 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE ____, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated 22¢ DATE SIGNED Cumberland, Maryland 21502 ST MD Burial SS. Peter and Paul Com. Cumberland 24 FUNERAL DIRECTOR rance JAMES F. SCARPELLI CUMBERLAND, MD

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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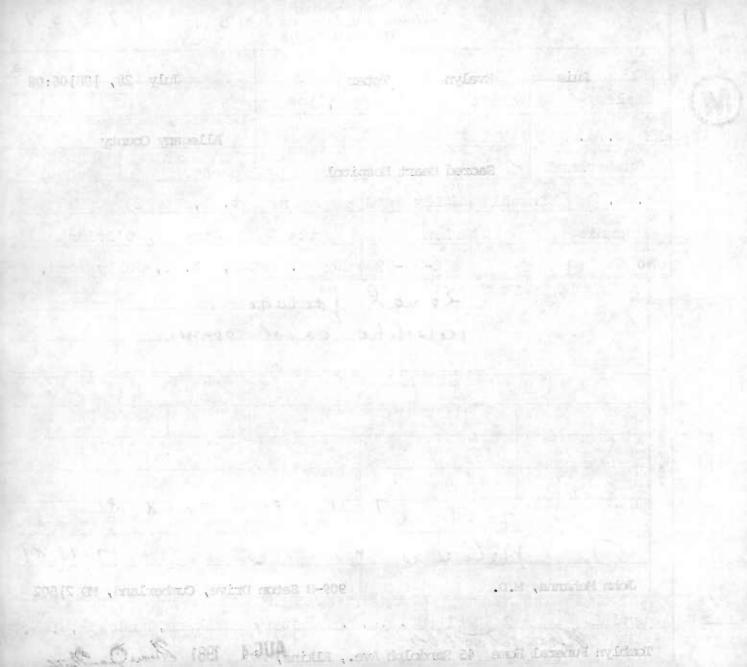


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45 Randolph Ave., Elkins.

Tomblyn Funeral Home

STATE OF MARYLAND



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	AY IS	10 CI	TY OR TOWN	OF DEATH	11. NAME OF HO	SPITAL, NUI	RSING HOMI	E, OR OTH	ER INSTITUTION	12e. USL	AL OCCUPA	ATION (TYPE	OF WORK	12b. KIN	ND OF BU	ISINESS
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH FEXEUTE THE CERTIFICATE, WRITING THE WORD, "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1. 2. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT PAGES 1. AND 28. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF THE BARTHMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		18. CAUSE O	F DEATH (Enter o	only one couse per line	e for (o), (b)	, ond (c).)							AP	PROXIMATE	E INTERVAL T AND DEATH	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRS1 DECEASED NAME 20. DATE KNOWN DE MONTH (TYPE OR PRINT) OF ESTI-Mabel Welling 198 M. 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. SEX IF UNDER 24 HRS 3 AGAD DATE LAST BIRTHDAY) PRONOUNCED TULLY 1,81 Female White Oct.21,1902 78 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVERMARRIED FOREIGN COUNTRY) Allegany Maryland USA WIDOWED TO DIVORCED O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 1300 McMullen Highway Cumberland Housewife Own home USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e. STREET ADDRESS 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland Allegany Cumberland 1300 McMullen Highway NO SE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Killius Bruce Forman Jennie 8 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS 205-44-6569 Mabel F. Welling Cumberland, Md. 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: MYOCARDIAL INFARCTION IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ARTERIOSCLEROTIC HEART DISEASE Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 9 YES [NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR HOUR A.M. MONTH DAY YEAR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK 220. I certify that I taak charge of the remains described above, held an Autapsy and in my opinion death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, A 7/19/81 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Giovanni Mastrangelo Sacred Heart Hospital 230.BURIAL, CREMATION, REMOVAL 23b. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial Dawson Cemetery BP. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Maryland 24 FUNERAL DIRECTOR **DHMH - 17** William G. Kight, Cumberland, Md. VR A15 ME (5)) Manue 30M 7/73

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	1	no	(IF TES, GIVE	WAR OR DATES)	214	-05-457	73	Miss	Gervi:	lle Bra	nt. C	umbe:	rland	land, Niece		
		18. CAUSE OF	DEATH (Enter an	ly ane cause per line	far (a), (b), and (c).)							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
HOUSE AT BLOCK THE USE IT IN THE GIVE PAGES 1.2 CONG WITH FORM PM 3. THERMIT PAGES 1 AND 2.8 SIENE DIVISION OF VITAL VAL.		PARTIDE	8. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Cardiac Failure									BEI	WEEN ONSET	AND DEATH		
98		41	41		AS A CON	SEQUENCE O										
RANSII PEN ITAL HYGE R REMOVAL			s, if any, which	1 100 1	rter	ioscler	otic	Hear	t. Dis	ease						
2000年		Candificats, if any, which gave rise to immediate cause (a) stating the under- DUE TO, OR AS A CONSEQUENCE OF														
OF HEALTH AND MEI URIAL, CREMATION O		lying caus	lying cause last.													
5		PART 2 DINER SIG	PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).													
	NO	100														
Tr.	3	19a. DATE OF	OPERATION	196 CONDI	TION FOR	WHICH OPERA	TION W	AS PERFORME	ED?				2D .	AUTOPSY?		
BURIAL,	Ě													YES 🗆	KON	
git.	CERTIFICATION		L CAUSE WAS	216. TIME OF		DAY YEAR	21c. HC	OW INJURY O	CCURRED (1	ENTER NATURE OF I	NJURY IN ITE	M 18 PART 1 O	R PART 2)			
		UNDERLYING CONTRIBUTION	☐ OR IG ☐ CAUSE OF			19	100									
Ž.	MEDICAL	21d. INJURY O	CCURRED	21e PLACE	OF INJURY	(AT HOME,		CATION		CITY OR T	0.441		COLLEGE		STATE	
	×	AT WORK	NOT WHILE] SIRCEL, FAC	ORT, FARM, E	,10,1	3	I NEET		CITY OR T	OWN		COUNTY		STAIL	
E STATE DEPARTMENT C ID, 21201 PRIOR TO BUR		228 Leavelle		ge of the remains de	cribed ch	ave held on	Autap	, D	nspection [X, Inquir	x	and in my	. aninin-			
- A	10	death resulte		ral causes ,	Accident	Suic		. Hamicide		Indetermined n		and in my	yapınıan			
NEYL RYL	13	aeam resulte	Note	rui couses L_F,	Accident	, 5010	ide 🔲			andetermined n	nunner L	,				
X		ACTUAL	101011	11	Va:	Trace	1	TITLE (SPE	and the same	ura in it		DA	TE	7-2-1	081	
SE.		SIGNATURE_	Vasa	M	1	1 may	W.	.D		MEDICAL EXA		SIC	SNED	[-4-]	701	
TE	-	EXAMINER'S N	NAME Dr.	Giovanni	Mast	rangelo	MD	ADDRESS	Cumb	erland,	Md.					
AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	23a.B	URIAL CREMAT	ION, REMOVAL		23c. 1	NAME OF CEM	ETERY O		Y 12	3d. LOCATION						
	1	Burial		July 6,19	_	illcres				Cumbe	mland		OUNTY	Mo		
		UNERAL DIRECT					0 10			D. BY REGISTR	AR 256. R	REGISTRAR	legan 's signa			
))		Jan Jan	mes F. S	carpelli.	Cumb	brefrand	Md		JUL	1981	1	1	1000	· ·		
15M 2/80				1	o will			•			1		A.	-		

at the full x harden your later of leefil ... raon. Amalon of the 211-09-1999 New Jerellin harry Trabertural, Earle Ar. Howard Instrumento 20 United Speed, Id. nuriel dely c, 1981 Millerest Depth at Comporters, allegan, M.

d	1			STATE OF MARYLAND		
X	1 - ST RE		DE	PARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH		7061
m 5	I. DECEA	SED NAME FIRST	MIDDLE	EAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR PM
noy be page 3		DAR	RELL MALO	COLM WOTRING,	Sr. JULY 21, 198:	
	3. SEX		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
ge 4		Male	White	April 22, 1919	62 YRS	MOINTS DATS HOURS MIN.
1 1 1 1 m	7a BIRTHI	PLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
B State	Mar	yland	USA	WIDOWED DIVORCED	077	MD.
the d wifted	10. CITY C	R TOWN OF DEATH	11. NAME OF HOSPITAL, I	NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126. KIND OF BUSINESS OR
	CUMI	BERLAND	MEMORIAL	HOSPITAL	Carpenter	Construction
hou hou	USUAL RE	SIDENCE (IF NURSING HOME E 138 CO	OR OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)	TS? 13e STREET ADDRESS	
1 24 h		Md. G	arrett Mt.	Lake Pk YES NO E	P.O. Box 52	
within efely 12 sl	14. FATHE	R'S NAME FIRST	WIDDLE	15 MOTHER'S MAIDE	N NAME MIDDLE	LAST
ond 2		Raymond	T. Wotri	ng Ella	М.	Hoff
execution of conditions of con		DECEASED EVER IN U.S.	GIVE WAR OR DATES)	L SECURITY NO. 17 INFORMANT	ADDRESS	
Do ond		NO (IF YES.	219-	03-0157 Mrs. Margu	uerite E. Wotring,	
ysicio oper vol.	18.	CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause per line for (o),	(b), and (c).)	7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
g ph conpression			ATE CAUSE (o)	ussomale	2310	Consilk
th ce corb or or soric		1579	DUE TO, OR AS A CON	SEQUENCE OF	1410	/
deo otte otto otion roun		inditions, if ony, which	((b) Co-	rung o	Ille Janesa	s / 4/2/
by the sse rem	co	use (a), stating the derlying couse last.	DUE TO, OR AS A CON	ISEQUENCE OF		
7 000 5	-	derlying couse last.	(c)			
signe hen plury, o		RT 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBUTIN	IG TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GI	VEN IN PART I (a
ior I ior I	CERTIFICATION 18a	DATE OF OPERATION	19h CONDITION FOR	WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
	5	DATE OF OFERATION	1770. CONDITION TOK	WINCH OF ERATION WAS PERFORMED	IN CERTI	FYING CAUSES OF DEATH?
sicion. The le sicion. ore hos ansit per ygiene shows	210	ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21¢ HOW INJURY OF	YES NO Y CCURRED (ENTER NATURE OF INJURY IN ITEM 18	ES NO
phys phys m 18 m 18		CONTRIBUTING CAUSE OF I	BEATH HOUR A.M. MONT	H DAY YEAR	TENTE TENTE OF MARKET METERS	1 241 241 241 27
4YSICIA ding p ding p ding certif buriol-1		FEITHER NOTIFY MEDICAL EXAMI	P.M. 21e PLACE OF INJURY	211. LOCATION		
The the ond ced c		HILE NOT WHILE D	(AT HOME, STREET, FACTORY,	OFFICE, FARM ETC) STREET	CITY OR TOWN	COUNTY STATE
Afte olth		TORK AT WORK	pital) attended the deceased	from 1 restet 10	8/ 10 21 luh	19 that (We) last
TOR OF HE		saw the deceased olive	not) view the body after death	_19 gnd that ip my? (our) op	ornion death occurred on the date and ha	
REC hed frem tem	226	SIGNATURE	ngt) view the bady after gleath.	DEGREE		221. DATE SIGNED
the Dort		11/18	Vendes 1	-8 ATTENDI	NG MEDICAL STAFF AN DIRECTOR PHYSICIAN	12/ Jah 8/
HOSPITAL med by the FUNERAL uld be detail of the State	22d	PHYSICIAN'S NAME (TYP	ORPRINT	22e ADDRESS	AND DIRECTOR OF THIS COATE	4/6/
TO HOSPIT retained by TO FUNER should be with the Sto	DF	. FREDERI	CK W. MILTEN	JBERGER 122 S. C.	ENTRE ST., CUMBE	ERLAND MD
Of of Market	23a. BURI.	AL, CREMATION, REMOVA		23c. NAME OF CEMETERY OR CREMAT		110/110)
BP	(SPEC	burial	7/24/81	Aurora Cemetery	CITY OR TOWN	n. West Virginia
ELDHMH- 16 30M 2/80	24 FUNE	RAL DIRECTOR		75	DATE REC'D. BY REGISTRAR 29 EGIS	TRAR'S SIGNATURE
(VRA 15, 4)	Brad	ley A. Stewa	ert Oakland.	Maryland 21550	UL 2 9 1981 Francis	0 7

TEGI IN Y MU "SEPERICHER, MILTERHERMENTED S. CENTRE ST. . CHORENCE MINE The Control of the Co